## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

## PLEASE PRINT

I. Name of Lobbyist	ts Jane	t Schal	Her		
II. Name of lobbyist			if any:		
(N:	ame of partnership, fire	m or cornoration)			
0 h 12 - 1	. /		• • •/	<u> الما</u> م	
Business Address: (S	Gtreet)	(Town/City	<u>1 e y</u>	(State)	(Zip Code)
(603) <u>450-36</u> (Telephone)	4/	( )(	Fax)	e-mail	
III. This statement reportable expense		-	-		nay file a separate report for
M All reportable tra	I habor To	able (Ci	VIX Sha	tegy)	the following client:
<u>OR</u>	(Full Name of Clie	ent as it appears on th	e Lobbyist Regi	stration/Form)	
		byist (including the	lobbyist's fam	ily), or the lobbyi	ng firm listed below which are
IV. Date of Report	April 25, 2018	·	ĭ.	ıly 25, 2018 🛚	•
<del>-</del>	ivity from date of regi			rom 4/1/18 to 6/30/1	18
	October 31, 201 activity from 7/1/18			muary 30, 2019 🛭 from 10/1/18 to 12/3	
V. There have been If this box is checked Concord, NH 03301.	l, complete just this j	d and no reporta	able transact to the Secretar	ions made since y of State's Office,	the last report.  State House, Room 204,
VI. Check if addition	onal reports are att	ached:			
☐ If you have rece		•			<del>-</del>
☐ If you have paid Expense Reimburser		eimbursed expenses	s, you must file	Addendum B– F	Report of Honorariums or
•		made political con	ntributions, you	must file Addend	dum C- Political Contributions
Sworn Statement/A I have read RSA 15, and complete to the (Signature of lobby)	RSA 15-B, RSA 14	-C and RSA 664 at	nd hereby swea	ida	e foregoing information is true
Taret So	chaffer				JAN 0.9 2019
(Print Name of lobb	yist) J)				NEW HAMPSHIRE DEPARTMENT OF STATE